

# FORMS

## APPLICATION COMPLETION CHECKLIST

|                     |         |
|---------------------|---------|
| Applicant LEA Name: | County: |
|---------------------|---------|

Before submitting the application package to the California Department of Education, review the following list to be sure it is collated in the correct order. Indicate “completeness” by placing a (√) mark in the space provided. Attach **ONE** copy of this Checklist to each application package.

### **COLLATE THE APPLICATION IN THE FOLLOWING ORDER:**

- \_\_\_\_\_ Application Cover Sheet (*Form B*) signed by the authorized agency representative.  
One copy has an original signature.
- \_\_\_\_\_ Program Narrative Change (*Form C*)
- \_\_\_\_\_ Program Roster (*Form D*)
- \_\_\_\_\_ Site Information (*Form E*)
- \_\_\_\_\_ Child Care and Development Center Site Personnel Roster (*Form F*)
- \_\_\_\_\_ Child Care and Development Network Site Information (*Form G*)
- \_\_\_\_\_ Child Care Operation Calendar (*Form H*)
- \_\_\_\_\_ Projected Earnings Worksheets (*Form I*)
- \_\_\_\_\_ Budget Summary, Budget Narrative, and Service Contract Summary (*Form J*)
  - Student Support Services
  - Child Care and Development Services
  - Non-converting County Office of Education (Education Code § 2551.3)
  - Service Contract Summary (as needed)
- \_\_\_\_\_ Certifications and Assurances (*Form K*)
- \_\_\_\_\_ Child Development Personnel Certification (*Form L*)

***I have reviewed the application and it meets the criteria in the “Application Submission Requirements” in the Application Overview and is collated in the order listed above with all pages consecutively numbered.***

\_\_\_\_\_  
(Type or Print Name of Person Completing Checklist)

\_\_\_\_\_  
(Signature of Person Completing Checklist)

(\_\_\_\_\_) \_\_\_\_\_  
(Telephone Number)

## APPLICATION COVER SHEET

Applicant LEA's County and District Code

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

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|                                     |               |
|-------------------------------------|---------------|
| <b>Local Education Agency (LEA)</b> | <b>County</b> |
|-------------------------------------|---------------|

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|                                  |                     |               |
|----------------------------------|---------------------|---------------|
| Superintendent/Executive Officer | Telephone<br>(    ) | Fax<br>(    ) |
|----------------------------------|---------------------|---------------|

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|                 |      |     |        |
|-----------------|------|-----|--------|
| Mailing Address | City | ZIP | E-Mail |
|-----------------|------|-----|--------|

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CERTIFICATION: I certify, as the **Authorized Agency Representative**, that all applicable state and federal statutes and regulations will be observed. I also certify that all completed forms accurately describe program operations.

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|  |      |
|--|------|
| SIGNATURE OF <b>AUTHORIZED AGENCY REPRESENTATIVE *</b> | DATE |
|--|------|

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|  |                     |        |
|--|---------------------|--------|
| Name and Title of Authorized Agent (Please print.) | Telephone<br>(    ) | E-Mail |
|--|---------------------|--------|

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|                                     |                     |               |
|-------------------------------------|---------------------|---------------|
| Contact Person for this Application | Telephone<br>(    ) | Fax<br>(    ) |
|-------------------------------------|---------------------|---------------|

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|                 |      |     |        |
|-----------------|------|-----|--------|
| Mailing Address | City | ZIP | E-Mail |
|-----------------|------|-----|--------|

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\* Authorized Agency Representative is the person authorized by the LEA governing board to sign for the LEA. This is usually the Superintendent or the Superintendent's designee.

## **PROGRAM NARRATIVE CHANGE**

Applicant LEA Name: \_\_\_\_\_ County: \_\_\_\_\_

- ☐ Check the box if there are **no** program narrative changes to Sections 1-9 from your FY 2002-03 Continued Funding Application program implementation plan. Your program will continue the implementation plan as described in FY 2002-03 application.

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- ☐ Check the box if there **are** program narrative changes and describe them below using the space provided.

- ☐ **Make a copy of this form for each program component change.**  
*(Refer to the instructions for completing the application on page 3 and 4.)*

1. Identify the program component that you are changing.
  
  
  
  
  
  
  
  
  
  
2. Describe how the program currently provides services to students and their children in relation to the above identified program component.

3. Describe the proposed change and how services will be improved if the change is implemented.

## PROGRAM ROSTER

Applicant LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**Program Coordinator/Contact:** Person has primary responsibility for the Cal-SAFE Program in the applicant LEA and is the contact person for the program.

|                   |             |
|-------------------|-------------|
| Name:             | Title:      |
| Mailing Address:  | City: ZIP:  |
| Telephone:<br>( ) | FAX:<br>( ) |
| Email:            |             |

**Program Leader:** Person is responsible for implementing the Cal-SAFE Program.

☐ Check if same person performs both Program Leader and Program Coordinator responsibilities and leave this section blank.

|                   |             |
|-------------------|-------------|
| Name:             | Title:      |
| Mailing Address:  | City: ZIP:  |
| Telephone:<br>( ) | FAX:<br>( ) |
| Email:            |             |

**Child Care Program Director:** *(Complete only if agency operates two or more child care sites including child care network.)* Person has administrative/programmatic responsibility for the Cal-SAFE Program child care component at two or more sites and qualifies for the Child Care Program Director Permit or meets qualifications for person assigned this responsibility. *See Child Development Personnel Certification, Form L*

|                   |             |
|-------------------|-------------|
| Name:             | Title:      |
| Mailing Address:  | City: ZIP:  |
| Telephone:<br>( ) | FAX:<br>( ) |
| Email:            |             |

## **Directions for Program Roster (Form D)**

Enclosed for your reference with the Continuing Funding Application is a copy of the FY 2002-03 Program Roster for your Program with the information currently on file at California Department of Education (CDE). Please review the descriptions of the roles for each Cal-SAFE position and determine if the person listed fulfills that role within the local Cal-SAFE program. An individual's title designated by the LEA may differ from the role designation on the roster. If there are co-directors for the Cal-SAFE program designate one as the Program Coordinator and one as the Program Leader. If there are additional areas of responsibility at the district/County Office of Education (COE) level, contact the CDE Cal-SAFE consultant assigned to your program. See Attachment 1. **Complete the Program Roster (Form D) as part of the FY 2003-04 Continued Funding Application.**

**Program Coordinator/Contact:** The person listed here has primary responsibility for the Cal-SAFE Program in the district or county office. This is also the person that will be the contact for information from CDE to the local program. List only one person as program coordinator/contact.

**Program Leader:** This person is responsible for implementing the Cal-SAFE program within the district or county office. If one person fulfills both Program Coordinator/Contact and Program Leader roles check the box provided.

**Child Care and Development Program Director:** Do not complete this section unless your program operates two or more child care sites. The person designated here has administrative and programmatic responsibility for the Cal-SAFE program child care and development component. The Program Director must hold a Child Care Program Director Permit or meet the alternate qualifications for the person having this responsibility. See the Child Development Personnel Certification, Form L for information about qualifications for this position.